



United States
Environmental Protection Agency
Washington, DC 20460

☒ Registration
☐ Amendment
☐ Other

OPP Identifier Number

Application for Pesticide - Section I

| | | |
|---|--|--|
| 1. Company/Product Number 2749-XXX | 2. EPA Product Manager Hope Johnson | 3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name) AG33037 C 3.4FL Fungicide | PM# 21 | |
| 5. Name and Address of Applicant (Include ZIP Code) Aceto Life Sciences, LLC 4 Tri Harbor Court Port Washington, NY 11052 <input type="checkbox"/> Check if this is a new address | 6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. 55260-6 Product Name Syllit Flow Fungicide | |

Section - II

| | |
|--|--|
| <input type="checkbox"/> Amendment - Explain below. | <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ |
| <input type="checkbox"/> Resubmission in response to Agency letter dated _____ | <input type="checkbox"/> "Me Too" Application. |
| <input type="checkbox"/> Notification - Explain below. | <input type="checkbox"/> Other - Explain below. |

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Application for Pesticide Registration of New Product, PRIA Category: R301 New End-Use Product, Substantially Similar in Composition and Use to a Registered Product with Product Chemistry from registered technical source. See cover letter
PRIA Fee \$1,992.00.

Section - III

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|--|--|--|--|---|--|
| 1. Material This Product Will Be Packaged In: | | | | 2. Type of Container | |
| Child-Resistant Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Unit Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Water Soluble Packaging <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | <input checked="" type="checkbox"/> Metal | |
| | | | | <input type="checkbox"/> Plastic | |
| | | | | <input type="checkbox"/> Glass | |
| | | | | <input type="checkbox"/> Paper | |
| | | | | <input type="checkbox"/> Other (Specify) _____ | |
| * Certification must be submitted | | | | | |
| 3. Location of Net Contents Information <input checked="" type="checkbox"/> Label <input checked="" type="checkbox"/> Container | | 4. Size(s) Retail Container 1, 2, 5, 30 gallon and bulk | | 5. Location of Label Directions <input checked="" type="checkbox"/> On container | |
| 6. Manner in Which Label is Affixed to Product Booklet attached to container. | | <input checked="" type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Paper glued <input checked="" type="checkbox"/> Stenciled | | <input type="checkbox"/> Other _____ | |

Section - IV

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|--|--|--|--|---|---|
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.) | | | | | |
| Name John F. Wright | | Title Authorized Representative Aceto | | Telephone No. (Include Area Code) 609.841.8288 | |
| Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. | | | | | 6. Date Application Received (Stamped) |
| 2. Signature | | 3. Title Authorized Representative Aceto Life Sciences, LLC | | | |
| 4. Typed Name John F. Wright | | 5. Date September 29, 2021 | | | |